

CT Health Insurance Exchange
Operations Manager
Salary \$150,000

This position shall develop the people and work flow processes infrastructure to engage Connecticut consumers as they seek health care. Once the Exchange starts to serve consumers and small employers directly in October, 2013, this manager will lead those operations. He or she will work directly with the COO to implement organizational strategy and policy related to operations. He or she will ensure that the Exchange supports its primary goal of increasing access to health insurance for the citizens of Connecticut by integrating customer engagement with the Department of Social Services (DSS), the Small Employer Health Options Program (SHOP) vendor, the Contact/Call Center vendor, brokers, Navigators, Exchange staff, and other entities who work to introduce Connecticut consumers to the Exchange.

The initial focus of this role during development will be to ensure the Exchange collaborates effectively with the Department of Social Services and engages the necessary SHOP services.

This role is stakeholder and operationally focused. He or she will ensure state consumers have the ability to shop, compare and purchase the broad range of health plans on the exchange and that those consumers can engage the Exchange by mail, phone, in-person, and with assistance from other state agencies. He or she will ensure operations are managed effectively administratively, technologically, and operationally in both the design phase and operation phases of the Exchange. He or she will be responsible for ensuring operational issues, during development of the Exchange and operations after “go-live”, are proactively and effectively addressed and resolved.

Duties and Responsibilities

- Lead SHOP partner procurement, integration, and operations, i.e. the process and decision about which vendor to select and the operational process to ensure they are effectively integrated with the Exchange within the time frames of our project plan.
- Develop collaboratively with DSS and implement the required division of labor to deal with consumers seeking health care, e.g;
 - Determine appropriate eligibility for services
 - Route consumers to the services and appropriate assistance for which they are determined eligible
 - Ensure consumers are able to obtain the services for which they are eligible
- Troubleshoot proactively and independently solve issues related to health care plans and their integration with the Exchange by direct contact with plans, Exchange staff, and all appropriate stakeholders.

- Engage with our system integrator and other partners to ensure capability required to serve consumers and small employers is incorporated into our technology, people and process.
- Ensure the Exchange uses pre-existing functionality in the State government to the greatest extent possible to avoid redundant cost and effort.
- Work with the Insurance Department, Department of Revenue, Department of Social Services and appropriate Federal agencies to understand the evolving consumer and small employer service requirements.
- Identify emerging trends in operations, both locally and nationally, that have implications to the Exchange and determine how to implement if necessary.
- Work with Exchange communications, plan management, information technology, and policy functions to ensure their disciplines are incorporated into our operations. Ensure operational requirements are embraced by those same entities.
- Work with other State agencies, outside foundations and researchers, and with the Exchange Board to help prioritize and support external studies of Connecticut healthcare reform and the Exchange's programs in particular.
- Write and edit formal reports, white papers, analyses and related duties as required.
- Lead the Contact/Call Center manager.
- Develop the appropriate business intelligence and performance management capability to identify emerging issues, risks, and problems.

Qualifications

- Ability to act effectively and prudently in the face of ambiguity and uncertainty. Takes responsibility for identifying issues and acting to address them.
- At least 10 years of experience in health care industry in client-facing roles. Have demonstrated a history of increasing responsibility in those roles with at least two years in a lead capacity over professional staff.
- Bachelor's Degree required. Master's degree in business, health care management, or other pertinent discipline preferred.
- Must possess in-depth understanding of health care industry operations with a particular focus/knowledge of the Connecticut marketplace.
- Must be willing and able to learn continuously, and so to understand what is necessary to best serve Connecticut consumers and small employers.
- Excellent oral and written communication and inter-personal skills
- Ability to use electronic tools and software to communicate and manage operations effectively.

- Must translate and synthesize complicated issues and then independently develop, implement and own solutions to problems.
- Must collaborate with all stakeholders of the Exchange and diverse external organizations (state agencies, health plans, interest groups, consultants, etc.).
- Must be politically knowledgeable and sensitive and able to lead cross-functional teams.
- Will be required to travel.

Location: Hartford, Connecticut.

Special Requirements: Candidates under final consideration for an initial appointment within the CT HIX are subject to a background check

Contact: Send resume with cover letter to Human Resources Manager -- Bette.Jenak@ct.gov

The Connecticut Health Insurance Exchange is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, veterans and persons with disabilities.